



# City of Hartford

## Expense Report

Employee: \_\_\_\_\_  
Department/Division: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Traveled: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Cost Center Code: \_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Purpose of expense: \_\_\_\_\_

Date	Description	Transportation/	Lodging	Meals	Other	Total
Column Totals						
					Subtotal	\$
					Entertainment Expenses	\$
					Less P-Card \$	\$
					Total	\$

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

### Entertainment Expenses (must have prior approval per Travel Policy)

Date	Person (s) Entertained	Title	Business Purpose	Name of Place	Total
					Entertainment Total: \$

#### NOTES:

Original receipts must be attached to this expense report

Per Diem rates for lodging and meals, and domestic cost per mile rates can be found on <http://www.gsa.gov/>.